

**CIA INTERNAL USE ONLY**  
**SECRET**

(When filled in)

**PERSONALITY (201) FILE REQUEST**

<b>TO</b>	RI/ANALYSIS SECTION	DATE	<b>ACTION</b>
<b>FROM</b>		<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> ARRIVED
		<input type="checkbox"/> ROOM NO.	<input type="checkbox"/> CLOSE
		T-4	TELEPHONE 2574

**INSTRUCTIONS:** Form must be typed or printed in block letters.

**SECTION I:** List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.

**SECTION II:** List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.

**SECTION III:** To be completed in all cases.

<b>SECTION I</b>			
SENSITIVE	NONSENSITIVE	SOURCE DOCUMENT	
NAME	(Last)	(First)	(Middle)
TYPE NAME	(Last)	(First)	(Middle)
			(Title)
			SEX
			<input checked="" type="checkbox"/> M <input type="checkbox"/> F
HPVNTEY, G usgtav			
NAME VARIANT			
PHOTO	BIRTH DATE	COUNTRY OF BIRTH	CITY OR TOWN OF BIRTH
YES	NO	25 090 88 HUNGARY	Kolozsvar
OTHER IDENTIFICATION	1	2	3
OCC POS CODE	1	2	3
<b>SECTION II</b>			
CRYPTONYM	PSEUDONYM		
COUNTRY OF RESIDENCE			
10. ACTION DESK	11. SECOND COUNTRY INTEREST	12. THIRD COUNTRY INTEREST	12a
HUNTLCH, Germany	10/1		
COMMENTS			
PERMANENT CHARGE	RESTRICTED FILE	SIGNATURE	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	JCR	

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**PUNCHED**

(38)

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HAZI WAR CRIMES DISCLOSURE ACT  
DATE 2006**